

**Attachment C**

<b>Cycle 9 Plan of Organization Checklist</b>	
Submitted	Description
<b>1. LEGAL RESPONSIBILITIES</b>	
<input checked="" type="checkbox"/>	A. Outline or list State and Local Statutory Authority for the Local Health Department (LHD).
<input checked="" type="checkbox"/>	B. Brief description of the Governing Entity Relationship with the LHD.
<input checked="" type="checkbox"/>	C. Brief description of the manner in which the LHD defends and indemnifies employees for civil liability sustained in the performance of official duties except for wanton and willful misconduct (include the name of the carrier).
<input checked="" type="checkbox"/>	D. Briefly describe, if applicable, the delegation of Food Service Sanitation Program responsibilities. Include name and contracted entity or entities.
<b>2. LHD ORGANIZATION</b>	
<input checked="" type="checkbox"/>	A. Organizational chart contains official positions (titles) and lines of authority and displays names of Directors and higher-level managers.
<input checked="" type="checkbox"/>	B. List annual LHD total operating budget amount and total number of FTEs for public health services. Include documentation indicating local governing entity approval of budget and copy of most recent budget.
×	C. 1. Responses to audit findings. 2. Sub-recipient monitoring issues and responses. 3. Corrective action regarding (1) and (2) above.
<input checked="" type="checkbox"/>	D. Briefly describe information technology capacity needed to access and distribute up-to-date public health information.
<b>3. MISSION, VISION, AND VALUES</b>	
<input checked="" type="checkbox"/>	A. Contains a clear, formally written, publicized statement of the LHD's mission (may include the LHD's vision, values, goals & objectives).
<b>4. LOCAL PLANNING AND COLLABORATION INITIATIVES</b>	
<input checked="" type="checkbox"/>	A. Outline or list LHD-specific priorities.
<input checked="" type="checkbox"/>	B. Outline or list the LHD activities to plan or pursue priority projects with available resources.
<input checked="" type="checkbox"/>	C. Outline or list community partnerships and collaborative efforts.
<b>5. SERVICE DELIVERY</b>	
<input checked="" type="checkbox"/>	A. Outline or list the LHD's locations (including addresses, services, and hours of operation).
<b>6. REPORTING AND EVALUATION</b>	
<input checked="" type="checkbox"/>	A. Briefly describe the LHD's efforts to evaluate its activities.
<input checked="" type="checkbox"/>	B. Outline or list the LHD's mechanism to report on its activities to the community and its governing entity. Provide copies of all annual reports that were disseminated publicly during the current MLPHAP accreditation cycle.
<b>7. HEALTH OFFICER AND MEDICAL DIRECTOR</b>	
<input checked="" type="checkbox"/>	A. Procedure for appointment of a Health Officer and Medical Director
<b>B. HEALTH OFFICER:</b>	
<input checked="" type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
<b>C. MEDICAL DIRECTOR:</b>	
<input checked="" type="checkbox"/>	1. MDHHS Approval – Letter, memo, other.
<input checked="" type="checkbox"/>	<b>8. LHD PLAN OF ORGANIZATION APPROVAL FORM</b>

**Attachment D**

**PLAN OF ORGANIZATION APPROVAL FORM**

This approval form is to be signed by the Health Officer and the chairperson of the agency's local governing entity. Completion of this form is required and is to be submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Division of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced and resubmitted to the MDHHS Division of Local Health Services.

I have reviewed the Plan of Organization for the Mid-Michigan District Health Department.

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the LHD. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name: Liz Braddock

Signature: *Liz Braddock* Date: 2/25/26

Local Governing Entity Chairperson Name: Adam Peterson

Local Governing Entity Name: Board of Health

Mailing Address: 615 N. State St. Stanton, MI 48888

Chairperson Signature:

*Adam Peterson*

Date: 2/25/26